PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				cket Number	
FY 2008				1113.402	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/691,901			File	ed October 23, 2003	
For :	SURGICAL IRRIGATION SYSTEM				
Art Unit 3767				aminer ilip A. Gray	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period f					
reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
1-	e below).	<u>Fee</u>	Small Entity	Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <u>525</u>	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
	The Director has already been authorized to charge fees in this				
×	application to a Deposit Account.	application to a Deposit Account.  The Director is hereby authorized to charge the above fees, or credit any overpayment,			
to Deposit Account Number 19-1090.				rpayment,	
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
X attorney or agent of record. Registration No. 31,800					
	attorney or agent under 37 CFR 1.34.				
	Registration number if acting under 37 CFR 1.34				
	/E. Russell Tarleton/		Janu	uary 16, 2008	
	Signature		D	Date	
	E. Russell Tarleton		206-6	22-4900	
	Typed or printed name		Telephone	Number	
NOTE	E: Signatures of all the inventors or assignees of rec	cord of the entire in	terest or their repr	esentative(s) are required.	

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.